

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 10840207 FILING DATE

APPLICANT(S)

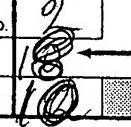
CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	2					
4	2					
5	9					
6	2					
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TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS



	IND		DEP		IND		DEP		IND		DEP	
	IND	DEP										
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TOTAL IND.

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